



REMARKS ON TWO CASES SIMULATING HYDROPHOBIA AND OCCURRING AFTER DOG-BITES.

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REMARKS BY DR. MILLS.

Owing to the grave importance of the subject to the comfort of society as well as its medical interest, it is well that cases alleged to be of hydrophobia in man should be placed for discussion before the profession. The weight of opinion is still in favor of the existence of a specific disease known as hydrophobia, both in the lower animals and in man, and the labors of Pasteur and his disciples have apparently given this affection bacteriological standing, but so carelessly and so recklessly are cases that will not bear scrutiny reported as hydrophobia, that immense harm has been done both to the community and to the cause of science. In an article on "Cases with Hydrophobic Symptoms," published jointly with Drs. James Collins and Carl Seiler, in the "Philadelphia Medical Times," July 31, 1880, I directed attention to the fact that many of the cases reported as hydrophobia in man were really affections of a different character, the biting of a dog being merely a coincidence or the cause of a non-specific nerve affection like tetanus or reflex epilepsy. Among other diseases I then referred to as closely simulating hydrophobia were localized meningitis, tumors of the oblongata and floor of the fourth ventricle, epilepsy, tetanus and hysteria. This doctrine was not new with me. The elder Hammond had some years before contended that hydrophobia might be a nerve disease from the beginning, and the hypothesis is even as venerable as Democritus, who described hydrophobia as an inflammation of the nerves. During the last decade much interest has been awakened in the subject of pseudo-hydrophobia, and prominent in this work have been Dr. C. W. Dulles, of this city, and Dr. E. C. Spitzka, of New York, who seem inclined to take the advanced ground that hydrophobia is not a disease of man. Whether or not this view is correct, their work is deserving of commendation because of its tendency to counteract the tide towards nervous hydrophobia.

The first of the two following cases was seen by me in consultation with Drs. J. J. Healy, C. Wirgman and C. W.

Dulles; the second with Dr. C. J. Hoban, who will report the case in full. In both were clear histories of dog-bites. Both were alleged to be cases of hydrophobia, but unfortunately a post-mortem examination could not be obtained in either. I do not believe that either was a case of genuine hydrophobia, for various reasons, but chiefly for two, namely: (1) While *some* of the symptoms in both corresponded to the description of hydrophobia in man, others were not at all of this character; (2) The symptoms in both cases could be much more readily explained by the supposition of a localized gross organic lesion. We have no right to conclude that a case is one of hydrophobia simply because the patient has a prior history of having been bitten at some period, near or remote, by a dog or other animal, but rather we should carefully exclude other possibilities before hazarding a conclusion so dangerous, directly and indirectly.

CASE I.—W. S., a young man, was seen in consultation December 27, 1880. His first symptoms had shown themselves three days before; but he had been bitten in the right hand several months previously. His first symptoms were general nervousness, irritability, apprehension, crying, and complaints of pain and weakness in his right arm. In a short time he lost power in the right arm. His chief symptoms, when he was examined jointly by Drs. Healy, Wirgman, Dulles and myself, were, in the first place, difficulty in swallowing water and other liquids. When, on urging, he attempted to drink, the liquid ran out of his mouth, because of paresis (not spasm) of some of the oral, facial and pharyngeal muscles. He had full control over the masseter, pterygoid and temporal muscles. The uvula was slightly deflected to the left and was congested, but it and the throat showed no deposit. The tongue was not paralyzed or paretic. The right upper extremity was partially and yet markedly paralyzed. His speech was slightly drawling and nasal, but he was not aphasic. He was a left-handed man. No loss of sensation was anywhere present; neither had he any hyperæsthesia. Temperature in right axilla 102.4° ; in left axilla, 102.4° . The heart action was fairly strong, without murmur, but with a roughness with second sound at the base. The right radial artery seemed smaller than the left, but no compensatory enlargement of the vessels of the other side could be determined. His tongue was heavily coated. He had no history of syphilis or traumatism. The patient died with symptoms of exhaustion and increasing respiratory difficulty within twenty-four hours after the consultation.